MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE SERIAL NO.

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APPLICANT(S)

		(FOR US	SE WIIT	- Child F	10-075)		
							CLAIMS
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	DEP. TOTAL CLAIMS	 		+		1		
	CLAIMS	1	150	<u> </u>		<u> </u>		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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